BabyNet
South Carolina's Early Intervention System
SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth and Early Health History

CHILD INFORMATION Name _____   Date of Birth _____

Address _____   Adopted?   ☐ No ☐ Yes

City, State, Zip _____

REFERRAL INFORMATION   Date _____   Age at referral _____   IFSP due date _____

Referral Source   Name _____   Phone _____

Address _____   Fax _____

City, State, Zip _____   Email _____

PREGNANCY*   Normal pregnancy?   ☐ No ☐ Yes

☐ Anemia   Regular prenatal care?   ☐ No ☐ Yes   Month prenatal care started _____

☐ Bleeding   ☐ Measles   ☐ Heart disease   ☐ Viral infection (type)

☐ Vomiting   ☐ MD-ordered bedrest   ☐ Diabetes   ☐ Tobacco use

☐ Hepatitis   ☐ Premature labor (week)   ☐ Alcohol use   ☐ Rx drugs

☐ STD   ☐ Elevated blood pressure   ☐ Illegal drugs   ☐ OTC drugs

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DELIVERY* (check all that apply)   ☐ Vaginal   ☐ C/section   ☐ Breech   ☐ Multiple birth

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NEWBORN*   ☐ Jaundice   ☐ Cord around neck   ☐ Ventilator

☐ Delayed crying   ☐ Seizures   ☐ Birthweight < 2500 gms   ☐ NICU

☐ Breathing problems   ☐ Premature   ☐ Birthweight < 1200 gms

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HEALTH SINCE BIRTH*   ☐ **Healthy**   ☐ **Unhealthy**

☐ Sleeping problems   ☐ Vomiting   ☐ Hospitalizations

☐ Feeding problems   ☐ Breathing problems   ☐ Surgeries

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*If yes to any condition, describe here

Name and title of person completing the form (print) _____

Signature _____   Date _____

BN003-08-06

INSTRUCTIONS

Birth and Early Health History
(BN003)

A. PURPOSE

To record health history of child prior to BabyNet referral.

B. USES:

The DHEC Intake/Service Coordinator (or designee) collects and records information on this form as part of the intake process. Information on this form is used to complete the initial IFSP.

C. INSTRUCTIONS

1. Referral information

    a. Enter referral date (date referral received in DHEC BabyNet office)

    b. Enter child's age on referral date.

    c. Enter IFSP due date which is 45 days from referral date.

    d. Enter available referral source contact information.

2. Child information

    a. Enter child's address

    b. Enter date of birth.

    c. Check box indicating adoption as appropriate.

3. Pregnancy information

    Ask parent about each condition and check all boxes that apply.

4. Newborn information

    Ask parent about each condition and check all boxes that apply.

5. Health since birth

    Ask parent about each condition and check all boxes that apply.

6. Provide brief description of condition or complication identified.

7. Print name and title of person completing the form.

8. Signature of person completing the form, with date completed.